

**Verquvo (vericiguat)****Member and Medication Information (required)**

Member ID:	Member Name:
DOB:	Weight:
Medication Name/ Strength:	Dose:

Directions for use:

**Provider Information (required)**

Name:	NPI:	Specialty:
Contact Person:	Office Phone:	Office Fax:

**FAX FORM AND RELEVANT DOCUMENTATION INCLUDING: LABORATORY RESULTS, CHART NOTES and/or UPDATED PROVIDER LETTER TO 855-828-4992**

**Criteria for Approval (ALL of the following criteria must be met):**

- ☐ 18 years of age or older.
- ☐ Not pregnant or breast feeding.
- ☐ Not taking soluble guanylate cyclase stimulators (e.g. riociguat).
- ☐ Not taking phosphodiesterase type 5 inhibitors (e.g. sildenafil, tadalafil, vardenafil).
- ☐ Diagnosed with chronic heart failure with an ejection fraction 45% or less who are NYHA class II-IV and either:
  - ☐ Hospitalized due to heart failure within last 6 months. **OR**
  - ☐ Required IV diuretics as an outpatient within the previous 3 months.
- ☐ Concurrently receiving the maximum tolerated or target dose of guideline-directed medical therapy for heart failure, unless not tolerated or contraindicated:
  - ☐ Beta-blockers (carvedilol, metoprolol succinate, or bisoprolol). Medication and dose: \_\_\_\_\_
  - ☐ Angiotensin antagonist (ARNI, ACEI, ARB) Medication and dose: \_\_\_\_\_
  - ☐ Mineralocorticoid receptor antagonist (e.g. spironolactone) if LVEF < 35% or LVEF ≤ 40% with diabetes mellitus or post myocardial infarction with HF symptoms. Medication and dose: \_\_\_\_\_

**Note:**

- ❖ Medication has not been studied in patients with end-stage-renal disease or hepatic insufficiency.
- ❖ Recommend monitoring according to package insert.

**Re-authorization Criteria:**

Updated letter with medical justification or updated chart notes demonstrating positive clinical response.

**Initial Authorization:** Up to six (6) months**Re-authorization:** Up to one (1) year**PROVIDER CERTIFICATION**

I hereby certify this treatment is indicated, necessary and meets the guidelines for use.

\_\_\_\_\_  
Prescriber's Signature\_\_\_\_\_  
Date